TESTIMONY OF CHAIRMAN WENDSLER NOSIE
OF THE
SAN CARLOS APACHE TRIBE

FOR THE OVERSIGHT HEARING ON
THE STATE OF FACILITIES IN INDIAN COUNTRY -
JAILS, SCHOOLS, AND HEALTH FACILITIES

BEFORE THE COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ROOM 628, DIRKSEN SENATE OFFICE BUILDING

MARCH 6, 2008

Introduction

Thank you, Chairman Dorgan, Vice-Chair Murkowski, and other Members of the Senate Indian Affairs Committee, for allowing me the opportunity to testify today. My name is Wendsler Nosie, Chairman of the San Carlos Apache Tribe, based in San Carlos, Arizona. We commend the Committee for holding this important hearing on the state of facilities in Indian Country so that we can shine a light on this very serious problem. The backlog for jails, schools, and health facilities is staggering. Like other tribal communities, the needs on my Reservation for adequate facilities to provide the health care, law enforcement, and educational services that my people deserve far exceed the level of support provided by the federal government.

My testimony primarily focuses on our experiences and struggles to build a new IHS outpatient clinic replacement facility and our recently built Adult and Juvenile Detention and Rehabilitation Center. But I would be remiss if I did not mention that I recently received information from the BIA that it plans to condemn San Carlos' police building, which houses the San Carlos Police Department, Tribal Courts, and the BIA criminal office, because of its poor condition without offering any assistance to find resources to construct a new building even though Secretary Kempthorne and the Department of the Interior have used San Carlos and its violent crime and serious methamphetamine problem as an example in its budgets in brief and press conferences over the past few years to justify increases to law enforcement. Indeed, two years ago, San Carlos testified before this Committee about the devastating effects of meth on its community. The Tribe has a self-determination contract for police services, but the BIA owns the facility and is responsible for its maintenance and operations. Due to its poor condition, the BIA wants the Tribe to assume ownership of the building.

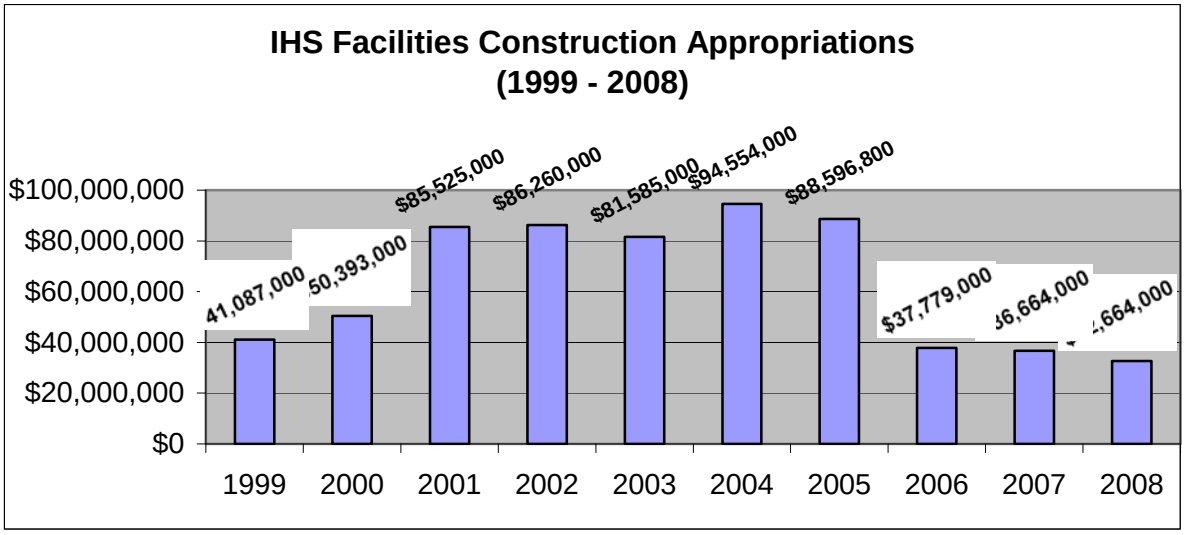
Failure of the Federal Government to Provide Adequate Facilities

The federal government has failed in its trust responsibility to provide adequate facilities to the San Carlos Apache Tribe and to other tribes across the country. The agencies, the White House, the Office of Management and Budget, and the Congress, have all shirked their responsibilities to provide adequate resources to Indian Country so that we can rebuild and provide for our communities.

The condition of facilities on my Reservation and in the rest of Indian Country is unacceptable in this great country of ours. Let me be clear that the San Carlos Apache Tribe supports our troops in Iraq, Afghanistan, and other parts of the world. The Apaches have many decorated war veterans that have served with distinction in the United States military throughout this country's history. However, I wonder about some of the priorities of the United States when my community needs to be rebuilt, my people need decent health care, my people need safe communities, and my people need infrastructure. When I hear about the billions and billions of dollars the United States is spending to rebuild Iraq, to build homes, jails, governmental buildings, hospitals, and schools for the Iraqi people, I wonder why the United States will do these things for the Iraqi people but not for its own citizens in the United States.

The solution to this problem is obvious. The Administration and the Congress must dramatically increase funding to construct new facilities as well as funding to operate and maintain these facilities when they go on-line. Because of the federal government's failure to provide adequate funding over the past decade, we are seeing astronomical backlogs. In the area of health facilities, there is an avalanche effect where tribes with unmet health facilities needs in certain parts of the country are seeking to redistribute funding for health facilities that could adversely impact other tribes, such as San Carlos, who have equally, if not more pressing, unmet health facilities needs. This unfortunate situation played out on the floor of the Senate during passage of S. 1200, the Indian Health Care Improvement Act.

For example, the appropriations for IHS health facilities over the past 9 years have been stark as illustrated by the chart below:



The President's budget requests and as well as the budget requests under the Clinton Administration for facilities construction have been deplorable. In FY 2005, the President's budget requested a moratorium on IHS facilities construction using the rationale that steel prices were too expensive. Needless to say, this explanation does not make sense when construction is going on all around us and all over the world. Unfortunately, the President's budgets' utter lack of support for IHS facilities construction has set a tone that Congress has followed over the years as the Congress has only provided minimal funding for health facilities. For example, for FY 2008, $32.6 million was allocated for facilities construction even though there are at least 24 facilities on the construction priority list ready for planning, design, or construction dollars. If you are familiar with construction, then you know $32.6 million does not go far when building new health facilities that must be able to serve the community for at least the next 60 years.

Our hope is that all of our efforts within Indian Country, in the Administration, and in the Congress can be used in a positive direction to significantly increase appropriations. We must work together and, through our collective strength, address the facilities backlog. The San Carlos Apache Tribe urges a Call to Action of the Congress from Indian Country to increase appropriations. We understand that other tribes and tribal organizations are also discussing this same idea. We stand ready to assist in this effort.

I believe that this hearing will help jumpstart the efforts to secure badly needed appropriations for facilities in Indian Country. Also, I believe it would be helpful if the Committee could hold some field hearings or listening sessions in

Indian Country on this issue, so that Members could see for themselves the conditions that families, community leaders, health care personnel, social services staff, detention personnel, police officers, school administrators, teachers, and students in Indian Country must grapple with every day due to poor facilities.

In addition to improving the bleak appropriations situation, we are hopeful that this hearing and subsequent hearings and meetings will spur action within the agencies to reform their current processes to provide us and other tribes with increased flexibility, greater self-determination, less administrative burden, and greater control over the construction and operations of new health care facilities. For example, the Tribe's experience working with DOJ in constructing its Adult and Juvenile Detention and Rehabilitation Center in the late 1990's is a true success story and illustrates what tribes can achieve when given sufficient funding and flexibility. The Tribe has had, unfortunately, a less than optimal experience with the IHS in its struggle to build a new outpatient clinic due to limited funding and an overreaching construction process. The current process at IHS is not institutionalized and allows the goal post to be moved. This is problematic as it indicates to us that the sovereignty of tribes is not truly understood and that the principle of government-to-government transfer of control to tribes in the construction and operation of health care facilities is paid little heed.

Background on the San Carlos Apache Indian Reservation

To better understand the needs on the San Carlos Apache Indian Reservation as well as the Unites States' trust responsibility to the San Carlos Apache Tribe, it is helpful to know about the Reservation itself as well as the history of the Apache people. The aboriginal territory of the Apache Nation included the western part of Texas, the current states of Arizona and New Mexico, and part of the country of Mexico. The Apache Treaty of Santa Fe in 1852 was executed by Mangus Colorado and others on behalf of the Apaches. Pursuant to the Treaty, lands within the aboriginal territories of the Apache Nation were to be set aside for a permanent Tribal homeland and the United States promised to provide for the "humane" needs of the Apache people. In exchange, the Apache Nation agreed to the end of hostilities between the two nations.

The San Carlos Apache Indian Reservation was established by an executive order of President Grant on November 9, 1871. Through the concentration policies of the United States, various bands of Apaches were forcibly removed to the San Carlos Apache Indian Reservation. These bands included the Coyoteros, Mimbrenos, Mongollon, Aravaipa, Yavapai, San Carlos, Chiricahua, Warm Springs, and Tonto Apaches. Famous Apache leaders who were located at San Carlos included Geronimo, Cochise, Loco, Eskiminzin, Nachie, Chatto, and others. Throughout history, the United States in 1873, 1874,

1876, 1877, 1893, and 1902 diminished the size of the Reservation several times by executive order due to the discovery of silver, copper, coal, water, and other minerals and natural resources.

The San Carlos Apache Reservation is located 2 hours by car from Phoenix. Our land base is 1.8 million acres, but only a small percentage of the Reservation can be used for building purposes. The remainder of the Reservation is comprised of some of the most rugged terrain in the Southwest, including deep stands of timber, jagged outcroppings, and rocky canyons. As a result, the Reservation lacks infrastructure in all but two general areas. On the western edge of the Reservation, the Tribe has 3 districts: 7-Mile Wash, Gilson Wash, and Peridot. Located on the eastern edge of the Reservation is the District of Bylas. All together, these 4 districts are home to 13,456 tribal members. Approximately 84% of our tribal members live on the Reservation. Although we have worked hard to develop our Reservation economy, 76% of our population is unemployed, and the poverty rate on the Reservation is 77%. The population of the Tribe continues to increase and more than 30% of the population is now under the age of 18 years. New young families are in desperate need of decent health care, education, and safe communities.

Struggle to Build IHS Replacement Health Facility

Antiquated Current Facility

Our existing facility is located in San Carlos in Gila County. It was built 48 years ago in 1962. It has 8 beds and its limited services include ambulatory care, emergency room, community health programs, dental, and administration. Patients requiring surgical procedures and complex medical cases are referred to the Phoenix Indian Medical Center in Phoenix or to contract health care hospitals. This means that helicopters frequently go back and forth between Phoenix and San Carlos to rush urgent care and trauma patients to hospitals in the valley.

IHS has documented numerous deficiencies at our current health care facility rendering it inadequate for present operations. The current health care facility is being used beyond its full capacity. The facility is severely understaffed and lacks adequate equipment, program services, and physical space to adequately meet the medical and other healthcare needs of tribal members. To give an idea of the space deficiencies in the clinic, IHS, based upon workloads at the current clinic, has determined that the new clinic needs 31 examination rooms. The current clinic only has 13 examination rooms. Due to lack of space, sick and elderly patients currently have to wait a long time to be examined or to get prescriptions filled. The current clinic sees on average 200 patients a day with a total of over 6,000 patients per month. The Tribe over the years has heard frequently from IHS staff that the current San Carlos health clinic is one of the worst facilities in the IHS system.

Long Road To a Project Justification Document for a New Facility

The project plan for the new clinic would allow the Tribe to bring some fundamental healthcare services back home to the Reservation as well as address unmet medical needs of the Tribe. For example, as part of the project plan, the new outpatient clinic would have a low risk birthing unit. The current clinic is not equipped for labor and delivery services even though there are a high number of births of San Carlos tribal members each year (the 2001 figures of IHS show 234 births per year of San Carlos tribal members). Currently, the women of San Carlos must travel off the Reservation and often to locations far from their homes to deliver their babies. The closest delivery service from San Carlos is 40 minutes away at Cobre Valley Community Hospital while the Bylas community is an hour from Cobre Valley and 50 minutes from Mt. Graham Community Hospital. The women of San Carlos are eager to deliver their babies at home on the Reservation and the new clinic would allow them to do so. Also, the new clinic would be equipped and staffed to provide the following new services, which are badly needed on the Reservation: telemedicine, diagnostic imaging, expanded specialty care such as ambulatory surgery and endoscopy, physical therapy, and expanded diabetes treatment. The new facility would provide for more than 3 times the staff at the current facility. The existing facility has 118 staff and the new facility would have 358.2 staff. The size of the current facility is 3,580 square meters. The size of the new facility is proposed to be 18,767 square meters. The cost for the new facility and staff quarters, according to IHS, is approximately $110 million (but this cost will only increase as costs go up over time and given site circumstances that IHS did not factor in its initial estimates).

Our struggle for a replacement health care facility began over 20 years ago. In and around 1988, IHS evaluated IHS health care delivery programs nationwide. The proposal to construct a replacement facility to provide health care services space at San Carlos was among those selected for further evaluation. IHS assessed the health care needs of the Indian population at San Carlos and evaluated the ability of the existing health care delivery system to meet those needs. The major factors that IHS considered were the use of the existing system, the size and condition of existing space, the ability of the existing space to support an accessible, modern health care delivery system, and the proximity of other health care facilities. The findings of this evaluation concluded that the existing San Carlos Indian Hospital was inadequate and required a complete replacement.

IHS placed the San Carlos facility on its list of facilities in need of replacement in the early 1990's. It is now 2008 and we still do not have a new health care facility. For over a decade, IHS and the Tribe went round and round "negotiating" the Project Justification Document (PJD), which is the project plan that IHS must approve before a facility can be placed on IHS's health care facilities priority construction list. IHS and the Tribe could not come to an

agreement over the size of the facility and the level and types of services that could be provided at the facility. The main issue was whether an inpatient or outpatient health care facility should be built. Even though the user population at San Carlos supported such a facility and San Carlos previously had an inpatient facility, IHS was firm in its position that it would not support an inpatient facility due to IHS's limited budget and because it was trending away from building inpatient facilities. Inpatient facilities offer more types of services on site than do outpatient facilities. Many tribes navigating the IHS construction process are having this same issue with IHS. Many tribes have been in the "PJD preparation" phase for many years because they are being asked to compromise on the health care needs of their people even before the shovel breaks ground.

Further, IHS informed the Tribe that, if the Tribe sought an inpatient facility, then it would be practically impossible to construct the facility in the foreseeable future due to the scarce appropriations for inpatient facilities. IHS pointed to the proposed inpatient facility at Whiteriver, AZ, for the White Mountain Apache, our sister tribe, and indicated that it would be very long time before Whiteriver would receive construction funding. The Whiteriver inpatient clinic has been on the priority construction list from the beginning, like San Carlos, and has yet to receive any appropriations to start its project.

In 2003, the Tribe, after intensive internal discussions, determined that it would consent to an outpatient facility instead of an inpatient facility. This was a very difficult decision for the Tribe because an outpatient facility will not meet all of the health care needs of its people but would certainly allow for better services and a much better facility. Even after the Tribe decided to pursue an outpatient facility, the negotiations were difficult. The Tribe felt that it had to capitulate on issue after issue because IHS, at each step, would inform the Tribe that it would not approve the PJD if the Tribe did not consent to the reduced services to be provided at the new facility. For example, the Tribe sought cardio-rehabilitation, case management, and patient advocacy services, but IHS informed the Tribe that it would have to "start all over" in the process if it continued to seek such services. IHS rejected these service requests on the basis that, even though these services are reasonable services to offer at a non-IHS facility, IHS had not developed national templates for the services and, therefore, would not allow any tribe to provide these services at their facilities.

Another example was a difference in views over the number of beds at the new facility. The Tribe sought 23 beds for the new facility. Previously, the service area had 26 beds between the 1960's and 1980's but these services were lost when the facility underwent patchwork renovations. IHS will only allow for 8 beds (the number of beds in the current facility) in the new facility due to budgetary constraints. Even with the compromises of the Tribe, IHS still was reluctant to approve the PJD because we believe it knew in 2003-2004 that the Administration was going to propose a moratorium on funding for health facilities construction in FY 2005. As perceived by the Tribe, IHS's plan was to stagger

the PJD approval process so that only a few PJD's would be approved every few years. Due to congressional pressure, IHS approved the San Carlos outpatient replacement facility PJD in 2004 and placed the facility on IHS's priority outpatient construction list.

Even with the approval of the PJD and the placement of the San Carlos outpatient replacement facility on the priority construction list, the process has been extremely difficult at every turn. Without the strong commitment of the Tribe to this project and the tremendous support for this project by the Tribe's Congressman and Appropriators, this project would have languished without any funding. The Tribe received planning and design funding from FY 2005 to FY 2007 (FY 2005 Interior appropriations bill specified $555,000 for San Carlos for planning and design, the FY 2006 Interior appropriations bill specified $6.139 million for planning for San Carlos, and IHS allocated $2 million to San Carlos under the FY 2007 Continuing Resolution). Currently, for FY 2008, the Tribe is not slated to receive any funding at this point in FY 2008 from the facilities construction account as this funding was appropriated in a lump sum amount without allocations for specific facilities and IHS has determined that it will allocate this funding to Barrow, Cheyenne River, and Ft. Yuma ($36.6 million in FY 2008). IHS has indicated to the Tribe that it is looking for funding in other IHS accounts to keep the project moving along and we are hopeful that IHS can find this funding for us.

Even with funding that was allocated to the Tribe for FY 2007 in the amount of $2 million, the Tribe has had difficulties drawing down this funding. At one point, the IHS construction office stated that it would not release these funds to the Tribe until it "has a certain comfort level" with the Tribe's designs and plans. It would be more helpful if IHS could provide us with consistent, concrete guidelines and criteria to which they want us to adhere to draw down funds. When the Tribe has requested the procedures for drawing down its funds, the IHS construction office responded in an email, "Yea right." There should be consistency, transparency, and cooperation in the agency process.

Previously, the Tribe entered into a self-determination contract under P.L. 93-638 for the construction of the contract and recently submitted a notice of intent to IHS that it plans to submit a self-determination contact for the operations of the facility. We believe that IHS could improve upon its appreciation for the purpose of a self-determination agreement to provide for the government-to-government transfer of responsibility. It is our belief that the IHS construction office tends to micromanages the project contrary to the government-to-government transfer of responsibility. The self-determination agreement states that "tribal preferences will be honored," but sometimes we do not feel that this is the case. For example, we have registered design architects and engineers as part of the Tribe's project team but IHS second guesses their work and pressures us to do things their way.

Another example is the Program of Requirements ("POR"). The POR for the project was created by IHS for the Tribe, even though P.L. 93-638 states that the Tribe has the right to generate its own POR. Essentially, these facilities are designed as IHS wants them designed and do not necessarily reflect the true health care needs in the community. We believe that there should be a mechanism to update the POR so that the up-to-date health care needs in the community are addressed.

We recently were told by the construction branch at IHS that IHS is a "bottom up" organization and that, unless the project manger from engineering services has a personal level of comfort with what the Tribe is doing, then the project will not be supported by anyone in Washington. We have been told that we can talk to anyone we want to in Washington; but, unless the Dallas Project Manager is satisfied with the direction of the project, the project will receive no support and no funding. We have had individuals from IHS threaten not to approve the design package from the Tribe at the next approval phase, unless things are done their way. We have had the IHS project managers show up at tribal meetings with Service Unit staff uninvited, totally disrupt the meeting, insult our medical staff, and have had our meeting delayed for over an hour while we calmed them down enough so that they could sit in on the meeting without interruption.

Further, IHS recently informed us that we must alter our design to shift the burden of maintenance responsibility to the Tribe instead of IHS. IHS wants all utility systems developed for the health facility to be operated and maintained by the Tribe even though there are no funds provided for this. We believe that IHS should be responsible to maintain systems designed to exclusively support the hospital.

Suggestions for Improving the Construction Process at IHS

In addition to dramatically increased appropriations, IHS needs to be pro-active in introducing funding into the projects on the priority list, and they need to get the message "from the top down" that the reason IHS exists is to provide better health care and new facilities for the Tribe. IHS should work to improve their construction process to fulfill the purpose of their self-determination agreements, which is to provide for the government-to-government transfer of responsibility for the construction and operations of the facility.

The IHS system needs to be re-organized to streamline the design and construction process. The projects are originated in the Phoenix area office, then are transferred to Dallas for the construction phase, then the maintenance and operations are transferred back to the Phoenix area office after the project is completed. This is extremely inefficient. There should be continuity throughout the construction process from conceptual development through design, construction, and maintenance and operations. The Dallas project managers

travel to Arizona to oversee projects that the Phoenix Area Engineering staff could easily oversee. It would be most cost effective and much more efficient to originate, design, and construct these projects at the Area Office level. We find that the area office engineering staff have a high level of understanding of these projects, are very professional, and have a vested interest in providing the best buildings possible as they will be responsible for the maintenance and operation of the facility once it is built.

We understand that questions have been raised about the seeming high cost of IHS facilities construction projects. However, according to our project team that has extensive experience in hospital construction, these projects are lower in cost compared to what is spent in the private sector on hospital construction. Our budget was conceptualized before all the engineering challenges on our site were identified; and, as a result, our budget does not accurately reflect the actual project cost. There are many glaring omissions in our proposed budget as provided by IHS. These budgets need to be accurately updated in cooperation with the Tribe.

Experience Constructing and Operating New Adult and Juvenile Detention and Rehabilitation Facility

Construction of Adult and Juvenile Detention and Rehabilitation Center

San Carlos was in dire need of a juvenile detention facility and a new adult jail for many years. From 1994 until 1999, the Tribe pushed for a new facility and was placed on the BIA's "waiting list." In 1999, San Carlos attended a conference in Albuquerque sponsored by DOJ. With technical assistance from DOJ, Office of Justice Programs (OJP), the Tribe prepared an application and received funding approval for a Juvenile Detention/ Rehabilitation Center for $2,153,550.00.

While the Tribe was pleased that the juvenile project was approved for funding, the need for a new adult detention center still existed. Determined to obtain funding, the Tribe expressed its concerns about the condition of the adult facility to OJP. This effort led to San Carlos preparing a second application for both an adult and juvenile complex. On September 29, 1999, this application was approved, resulting in the Tribe obtaining a combined total of $10,787,272.00 in a lump sum to construct an Adult and Juvenile Detention and Rehabilitation Complex. From a funding perspective, the response from OJP, DOJ, was remarkable. DOJ listened to Tribal representatives, recognized the Tribe's problems and needs, and addressed them immediately. The Tribe entered into a self-determination contract to construct the facility and then later entered into a self-determination contract to operate and maintain the facility. The program at OJP back in the late 1990's should be a model for most other Federal agencies. We understand that this program is not now the program that it once was.

The next step involved the construction phase. The Tribal Planning Department took the lead in grant management and development. The first action involved preparing a Request for Proposals (RFP) for Architectural and Engineering services. The Tribe evaluated and hired a firm from Phoenix. One of the keys to success was the fact that DOJ authorized hiring a project manager from the overall budget so that the design and construction phases could go forward without any major glitches or delays. Reimbursements and advances from DOJ were timely and DOJ was very responsive to any questions posed or modifications needed. Overall, the design and engineering phase went very well. The construction of the facility was completed in 2003. The principle of self-determination worked well in the self-determination contract for construction with DOJ. The Center is an example of the timely and positive effects that can occur when tribes have flexibility and control over the construction of their facilities and they do not have to navigate a bureaucratic maze.

Obtaining funding and completing the design and construction of this complex were tremendous accomplishments, but another major obstacle needed to be addressed. Even though DOJ was responsible for the construction side of the new facility, BIA was and remains responsible for the operations and maintenance for the new facility. Here, the right hand did not know what the left hand was doing. Although the Tribe had requested that the BIA include funding for the operation of the facility because the facility was ready to go on-line, the Tribe learned that the President's budget in FY 2003 did not contain funding to operate and maintain the new facility. The Interior appropriations bill for that fiscal year did not contain operations and maintenance funding for the new facility, so we had a situation where the federal government had constructed a multi-million dollar facility that could not be used. The Tribe did not and does not have the resources to hire staff, operate the facility, and maintain it. Fortunately, after intense lobbying by the Tribe and other tribes across the country through the formation of a coalition, the BIA agreed to reprogram FY 2003 funds so that the facilities that had completed construction could hire and train staff and furnish and equip their facilities.

For FY 2004, the coalition of tribes, including San Carlos, advocated strongly for funding for operations and maintenance in the Interior appropriations bill. The effort was successful, and the appropriations bills for FY 2004 and going forward contained funding for operations and maintenance for San Carlos new detention and rehabilitation center. However, the funding that the Tribe receives is not enough.

The annual amount the Tribe receives is inadequate to support administrative functions, basic operational costs, and the "detention" staff. For the short term, the Center is managing at a minimal level. The Tribe is able to manage at the minimum level due to the fact that the program has some carry over funding to supplement the annual budget. However, these funds will be exhausted shortly even though the Center is not operating at the recommended

staffing level. If the base level of funding is not increased by the BIA, continued operation of the Detention/Rehabilitation Center will be seriously jeopardized, as the Tribe simply does not have the financial resources to supplement the estimated $1.5 to 2 million annual deficit. Even with the shortfalls in funding, the BIA honors the government-to-government transfer of control to the Tribe for operations and maintenance as contemplated in the self-determination contract, and we appreciate that.

At the present, the FY 2008 budget for the operations of the detention center is less than the budget of its employees' salaries. The current salary budget is $3.1 million; however, the budget from the BIA for the total operations for FY 2008 is $ 2.6 million. Our total budget need is $4,047,353. We are short $1,434,011 of what is needed to operate the detention center efficiently. We are not at full capacity in filling the positions that are needed and are presently short staffed. Presently, we have a total of 42 permanent employees, 22 are adult correctional officers and 11 are juvenile correctional officers. Our projected staffing needs in the beginning indicated a staffing of 64. Taking this into account, we are 22 positions short.

It should be noted that the discussion above does not include the costs associated with the rehabilitation component of the Center. In the initial planning stages, the Tribe felt very strongly, especially its elders, that it did not want a detention facility that was simply a jail, especially for juveniles. It believed that incarceration does not help individuals become healthy, happy, productive members of the community, and they wanted to ensure that rehabilitation services were an integral part of the overall program for both adults and juveniles. Most of the offenses at San Carlos are related to alcohol and substance abuse. With effective rehabilitation and re-entry programs, these offenders have a chance at leading productive lives.

San Carlos is very fortunate to have the opportunity to design, construct, and operate the San Carlos Detention and Rehabilitation Center serving both adults and juveniles. While the Tribe now has a modern, clean, and functional facility, at the present time, the reality is that it is functioning as little more than a jail. This fact is discouraging to the Tribe. As stated above, the original intent of the Center was to be a place where troubled youth, adults, and affected family members could receive the services and support they need to become productive and positive members of their community.

The Detention Center staff is doing a commendable job in maintaining the facility, providing a clean and safe environment, and treating all residents with dignity and respect. However, with the exception of limited education programming and emergency medical and dental services, there is minimal on-going treatment programming taking place. The staff at the Center is extremely dedicated and spend their personal resources and time to develop programming for mentorships for the detainees, especially the juveniles. For example, with

personal funds from donations, Center staff have taken the juveniles over the past few years to participate in a 300-mile sacred run, which is a relay race from Whiteriver to Mt. Graham. I help to organize in the run and run in it myself with my family. This 3-day experience focuses on teamwork, relationship building, and fun. The juveniles tell me they cherish their experience because they feel that they are part of something bigger than themselves. Our juvenile staff do such an excellent job (all of it on a shoestring with little federal support) that they are asked to give presentations in other parts of the country and in Arizona about their innovative juvenile program.

Issues related to this situation are identified and briefly described below:

- The Tribe simply does not have the financial resources to provide the funds needed and the BIA is funding the contract at a level that meets minimal "detention" staffing and operating levels only.

- IHS has demonstrated only a willingness for finding reasons why they can not provide services to detainees rather than making an earnest effort to find solutions.

- Some grants under SAMHSA like the Tribal Capacity Expansion (TCE) grant and other federal grants that could provide at least a portion of the funding necessary to start providing treatment services require a minimum of two years experience providing treatment services to be eligible for funding consideration. As a result, it puts the Tribe in a no-win situation as they need funding to get their treatment services started but they can't obtain funding unless they have been providing treatment services for at least two years.

- Programs, such as the Arizona Health Care Cost Containment System (AHCCCS) and the SAMHSA ATR programs, could assist the Tribe greatly; but it is our understanding that they both have prohibitions regarding serving individuals in detention.

- The State of Arizona is one of a few states that allocates funding for education for juveniles in detention, but all of the funds are distributed to County detention facilities. The Detention Center is attempting to work with the local school district and the Gila County Superintendent of Schools, but what is really needed is that Tribes should receive separate, direct funding from the State.

It seems that the BIA, IHS, SAMHSA, OJJDP, and other federal agencies have the opportunity to showcase the San Carlos Detention/Rehabilitation Center and use it as a model program that other tribes can use as the foundation for designing and developing their facilities and programming. San Carlos has an excellent facility, but the provision of comprehensive, substantive programming

(treatment) is a real and frustrating challenge for the Tribe. It would seem that rather than putting tribes in a position where they have to “piece-meal” a program together, some type of block grant format could be established where tribes could obtain the services (operational and treatment) they need through one proposal/application.

Conclusion

We appreciate your efforts to help us address the facilities crisis in Indian Country, and we look forward to working with you to ensure that the Apache people and other Indian people across the country have the tools that they need to help their communities become strong and vibrant.